

Service Member Suicide and Readiness: An Analysis

A Monograph

by

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Fort Leavenworth, Kansas

2017

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REPORT DOCUMENTATION PAGE				Form Approved OMB No. 0704-0188	
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1. REPORT DATE 25-05-2017		2. REPORT TYPE SAMS Monograph		3. DATES COVERED July 2016-May 2017	
4. TITLE AND SUBTITLE Service Member Suicide and Readiness: An Analysis				5a. CONTRACT NUMBER	
				5b. GRANT NUMBER	
				5c. PROGRAM ELEMENT NUMBER	
6. AUTHOR(S) MAJ Mark W. Ivey, USA				5d. PROJECT NUMBER	
				5e. TASK NUMBER	
				5f. WORK UNIT NUMBER	
7. PERFORMING ORGANIZATION NAME(S) AND ADDRESS(ES) School of Advanced Military Studies (SAMS) 201 Reynolds Ave Fort Leavenworth, KS 66027-2134				8. PERFORMING ORG REPORT NUMBER	
9. SPONSORING / MONITORING AGENCY NAME(S) AND ADDRESS(ES) U.S. Army Command and General Staff College ATTN: ATZL-SWD-GD Fort Leavenworth, KS 66027-2301				10. SPONSOR/MONITOR'S ACRONYM(S)	
				11. SPONSOR/MONITOR'S REPORT NUMBER(S)	
12. DISTRIBUTION / AVAILABILITY STATEMENT Approved for Public Release; Distribution is Unlimited					
13. SUPPLEMENTARY NOTES					
14. ABSTRACT While many strategic leaders cite sequestration, a hollow force, troop reductions, and irregular fiscal outlays as reasons for the Joint Force's decline in readiness, the problem of service member suicide constitutes an equal, if not greater, impact. Since at least 1980, suicide has taken the lives of more US service members than all combat operations in every theater of operations combined. Before 2001, the average rate of suicide within the US military stood at 11.8 per 100,000 serving. In early 2017, it is nearly double that rate. Efforts to determine the factors causing the dramatic rise in service member suicide are ongoing. However, the blending of major combat and stability operations—termed persistent or steady-state conflict—has prompted a new normal. In the interim, the DOD continues to implement suicide prevention programs with unclear and uneven results. This monograph applies design and systems thinking to conduct a holistic examination of service member suicide. Application of a design methodology may help overcome the complexities of this problem and the environment in which the problem exists. Theory, doctrine, and history serve as lenses to help frame the environment, describe the problems, and explore potential limitations within the current approach. Finally, this monograph evaluates the impacts of service member suicide on readiness. Based on these findings, this monograph offers further insight and suggests some viable solutions beyond those currently utilized.					
15. SUBJECT TERMS Suicide, Readiness, Design Theory, Systems Thinking, Army Design Methodology, National Security					
16. SECURITY CLASSIFICATION OF:			17. LIMITATION OF ABSTRACT	18. NUMBER OF PAGES	19a. NAME OF RESPONSIBLE PERSON
a. REPORT (U)	b. ABSTRACT (U)	c. THIS PAGE (U)			Mark W. Ivey
			(U)	51	19b. PHONE NUMBER

Monograph Approval Page

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Abstract

Service Member Suicide and Readiness: An Analysis, by MAJ Mark W. Ivey, USA, 51 pages.

While many strategic leaders cite sequestration, a hollow force, troop reductions, and irregular fiscal outlays as reasons for the Joint Force's decline in readiness, the problem of service member suicide constitutes an equal, if not greater, impact. Since at least 1980, suicide has taken the lives of more US service members than all combat operations in every theater of operations combined. Before 2001, the average rate of suicide within the US military stood at 11.8 per 100,000 serving. In early 2017, it is nearly double that rate. Efforts to determine the factors causing the dramatic rise in service member suicide are ongoing. However, the blending of major combat and stability operations—termed persistent or steady-state conflict—has prompted a new normal. In the interim, the DOD continues to implement suicide prevention programs with unclear and uneven results.

This monograph applies design and systems thinking to conduct a holistic examination of service member suicide. Application of a design methodology may help overcome the complexities of this problem and the environment in which the problem exists. Theory, doctrine, and history serve as lenses to help frame the environment, describe the problems, and explore potential limitations within the current approach. Finally, this monograph evaluates the impacts of service member suicide on readiness. Based on these findings, this monograph offers further insight and suggests some viable solutions beyond those currently utilized.

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Acronyms

ADM	Army Design Methodology
ADP	Army Doctrine Publication
ADRP	Army Doctrine Reference Publication
ATP	Army Techniques Publication
AVF	All-Volunteer Force
CDC	Center for Disease Control
CJCS	Chairman of the Joint Chiefs of Staff
DCAS	Defense Casualty Analysis System
DOD	Department of Defense
DODSER	Department of Defense Suicide Evaluation Report
DMDC	Defense Manpower Data Center
DSPO	Defense Suicide Prevention Office
HQDA	Headquarters, Department of the Army
HASC	House Armed Services Committee
OSD	Office of Secretary of Defense
PTS(D)	Post Traumatic Stress Disorder
SAMS	School of Advanced Military Studies
SECDEF	Secretary of Defense
TRADOC	US Army Training and Doctrine Command
QMA	Qualified Military Available

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Introduction: Service Member Suicide and Readiness

In his “initial message,” US Army Chief of Staff, Gen. Mark A. Milley listed readiness as his number one priority. “We must ensure the Army remains ready as the world’s premier combat force. Readiness for ground combat is—and will remain—the US Army’s #1 priority.”¹ General Milley further emphasized the need for the Army to be able to adapt and that the institution must always respect, lead, and care for soldiers, “the crown jewels of the nation.”² Echoing Milley’s impassioned message, former Secretary of the Army Eric Fanning, in a Department of the Army directive dated January 2017, declared, “The Army must remain ready as the world’s premier combat force. That readiness is strengthened by our people.”³

Despite the Army’s paramount focus on readiness, specifically the human dimension of readiness, the Department of Defense (DOD) has recently questioned the current state of the Joint Force. In March 2017, during testimony before Congress, Chairman of the Joint Chiefs of Staff (CJCS) Gen. Joseph Dunford stated, “Eight years of continuing resolutions and the absence of predictable funding has forced the department to prioritize near-term readiness at the expense of modernization and advanced capability development.”⁴ During the same hearing, in his first appearance before Congress as the Secretary of Defense (SECDEF), James N. Mattis addressed the issue of sequestration, asserting that “it [sequestration] has done more damage to our

¹ Mark A. Milley, “39th Chief of Staff Initial Message to the Army,” *US Army*, September 1, 2015, accessed May 1, 2017, www.army.mil/article/154803/39th_Chief_of_Staff_Initial_Message_to_the_Army.

² Ibid.

³ Eric J. Fanning, “Promoting Diversity and Inclusion,” US Army Directive 2017-06, January 18, 2017, 1-4.

⁴ Jim Garamone, “Dunford: Now is the Time to Address Military Readiness Shortfalls,” US Department of Defense (DOD) News, March 22, 2017, accessed April 29, 2017, <https://www.defense.gov/News/Article/Article/1126989/dunford-now-is-the-time-to-address-military-readiness-shortfalls/>.

readiness than the enemies in the field.”⁵ Secretary Mattis did not address the specific circumstances of the DOD’s readiness deficiencies until the committee went into a closed session.⁶

While many strategic leaders cite sequestration, a hollow force, troop reductions, and irregular fiscal outlays as the principal reasons for the Joint Force’s decline in readiness, the problem of service member suicide constitutes an equal, if not greater, impact.⁷ The episodic and dispersed nature of service member suicide often veils the true magnitude of the problem and its overall impact on readiness. A critical assessment of service member suicide, in conjunction with individual, organizational, and societal conditions, suggests that the military’s suicide problem represents one of the most significant and overlooked readiness issues for the DOD.

Beyond the tragic loss of life, service member suicide undermines the oath to support and defend the Constitution, reduces the available means to prosecute military objectives, undercuts the chain of command, and degrades the morale of those still serving, as well as the American public.⁸ A shrinking number of qualified volunteers and reductions in end strength amplify the devastating impacts of service member suicide, reducing readiness.⁹ In turn, the military’s

⁵ Defense Budget and Readiness: Hearing before the Senate Appropriations Subcommittee on Defense, HR 1301, DOD Appropriations Act of 2017, 115th Cong., 1st sess., March 22, 2017, 1-4.

⁶ Ibid.

⁷ For example, see Tom Davis, “The Incredible Shrinking US Defense Industry,” *National Defense*, September 2015, 18-20; Rowan Scarborough, “Military Warns Cuts Would Create ‘Hollow Force’ Akin to 1970s,” *Washington Times*, February 10, 2013; and Carlos Munoz, “Sequestration Shrinks Military Readiness to Risky Levels, Armed Services Chiefs Tell Congress,” *Washington Times*, February 7, 2017.

⁸ For example, see Thomas E. Ricks, “Let’s Draft Our Kids,” *New York Times*, July 10, 2015; and Josh Rogin, “McChrystal: Time To Bring Back the Draft,” *Foreign Policy: The Cable*, July 3, 2012, accessed December 12, 2016, http://thecable.foreignpolicy.com/posts/2012/07/03/mcchrystal_time_to_bring_back_draft.

⁹ Gina Harkins, “Mattis Stresses Need for Better Readiness, Strong Alliances in Nomination Hearing,” Military Officers Association of America, January 12, 2017, accessed January 23, 2017, <http://www.moaa.org/content/publications/media/news-articles/2017>.

recruitment, retention, readiness, and post-service care costs consume a preponderance of defense-related spending.¹⁰ In light of these challenges, President Donald J. Trump's administration has expressed a willingness to grow the military and increase the level of care for veterans, active service members, and their families.¹¹

Since at least 1980, suicide has taken the lives of more US service members than all combat operations in every theater of operations combined.¹² Before 2001, the average rate of suicide within the US military stood at 11.8 per 100,000 serving. By early 2017, however, it had nearly doubled.¹³ Efforts to determine the reasons for the dramatic rise in service member suicide are ongoing.¹⁴ However, the blending of major combat and stability operations—termed persistent or steady-state conflict—has prompted a new normal. This change causes a shift in focus from the present fight to emergent threats. In the interim, the DOD continues to implement suicide prevention programs with unclear and uneven results.¹⁵ Two decades of recurrent

¹⁰ Patricia D. Horoho, "Our Health, Our Future: 43rd Surgeon General," US Army Surgeon General memorandum, 2014, 1-5; Jared Serbu, "Analysis: Pay, Benefits, O&M Will Swallow Entire DOD Budget by 2024," Federal News Radio, April 8, 2013, accessed December 14, 2016, <http://federalnewsradio.com/sequestration/2013/04/analysis-pay-benefits-om-will-swallow-entire-dod-budget-by-2024>.

¹¹ Leo Shane III and Andrew Tilghman, "Trump's Military Will Have More Troops and More Firepower: If He Can Find More Money," *Military Times*, November 20, 2016, accessed December 1, 2016, <http://www.militarytimes.com/articles/donald-trump-military-spending>.

¹² US DOD, Defense Manpower Data Center (DMDC), "US Military Casualties-Death Rate per 100,000 Serving," Defense Casualty Analysis System (DCAS), accessed January 8, 2017, https://www.dmdc.osd.mil/dcas/report_xhtml; Keita Franklin, "Quarterly DOD Suicide Event Report (DODSER): Calendar Year (CY) 2016 4th Quarter," Defense Suicide Prevention Office (DSPO), 7.

¹³ See, DMDC, "Casualties—Rate per 100,000"; Franklin, "DODSER CY 2016," 7; and Jay Janner, "Uncounted Casualties: The War Within, Suicide among Veterans Receiving Less Attention than Active-Duty Deaths," *Statesman Media*, September 30, 2012, accessed January 30, 2016, www.statesman.com/news/localmilitary/veteran-suicide-after-returning-home/nSPW5/.

¹⁴ Margaret Harrell and Nancy Berglas, *Losing the Battle: The Challenge of Military Suicide* (Washington, DC: Center for New American Security, 2011), 4-5.

¹⁵ Alan Zarembo, "Detailed Study Confirms High Suicide Rate among Recent Veterans," *Los Angeles Times*, January 14, 2015, accessed December 10, 2016, <http://www.thelatlimes.com/nation/la-na-veteran-suicide-20150115-story.html>.

deployment cycles have taken an irreversible toll on service members, their families, and the military.¹⁶ Yet what exactly are the motives that lead men and women to join, remain in, or leave the military? Moreover, once committed, what compels an individual not only to abandon the rationale that led to a life of service but life in its entirety?

Attempts to answer such questions will benefit from continuous and comprehensive assessments aimed at a nuanced understanding of the problem.¹⁷ Developing an in-depth knowledge of the environmental conditions common across service member suicides represents one potential way towards effective measures of prevention. This monograph applies design and systems thinking to conduct a holistic examination of service member suicide and military readiness.¹⁸ The Army Design Methodology (ADM) may help elucidate the complexities of the problem and the culture in which the problem exists. Theory, doctrine, and history serve as lenses to help frame the environment, describe the problem, and explore potential limitations within the current approach. Finally, the monograph will evaluate the impacts of service member suicide on readiness. Based on these findings, this monograph offers further insight and suggests some viable solutions beyond those currently utilized.

¹⁶ For additional details on the impacts of extended combat operations, see US DOD, Task Force on the Prevention of Suicide, *The Challenge and the Promise: Strengthening the Force, Preventing Suicide, and Saving Lives* (Washington, DC: 2010); Joseph E. Stiglitz and Linda J. Blimes, *The Three Trillion Dollar War: The Real Cost of the Iraq Conflict* (New York: W. W. Norton and Company, 2008), 1-23; and Peter Orszag, *Estimated Costs of US Operations in Iraq and Afghanistan and of Other Activities Related to the War on Terrorism* (Washington, DC: Congressional Budget Office (CBO), 2008), 3-6, accessed March 3, 2017, www.cbo.gov/ftpdocs/86xx/doc8690/10-24-CostOfWar_Testimony.pdf.

¹⁷ T. C. Greenwood and T. X. Hammes, "War Planning for Wicked Problems: Where Joint Doctrine Fails," *Armed Forces Journal* 147, no. 5 (December 2009): 18-22.

¹⁸ For example, see Nigel Cross, "Design Research: A Disciplined Conversation," *Design Issues* 15, no. 2 (1999): 5-10; Robert Axelrod and Michael D. Cohen, *Harnessing Complexity: Organizational Implications of a Scientific Frontier* (New York: Simon and Schuster, 2000), 26-27; and Jamshid Gharajedaghi, *Systems Thinking: Managing Chaos and Complexity: A Platform for Designing Business Architecture* (New York: Elsevier, 2006), 1-12.

Using Design to Understand Service Member Suicide

The scholar Thomas Kuhn once suggested that the professionalization of an academic field leads to a limited vision and resistance to change.¹⁹ The anticipation of readiness challenges in the future will require service members and strategic leaders to invoke creative and adaptable methods of problem solving. Inevitably, future operating environments will demand the aptitude to solve more problems with less time while remaining postured to shift directions rapidly.²⁰ The normalization of persistent conflict and steady-state operations requires a continuous assessment of the operating environment (OE) in the years ahead.²¹ The presence of ADM and other design methodologies within the military's operational planning doctrine emerged as a deliberate tool to better deal with this pending reality.²²

The use of ADM and systems thinking provides a method to frame, in a broad sense, the ongoing impacts of the US military's ongoing suicide tragedy. Army Techniques Publication (ATP) 5-0.1, *Army Design Methodology*, defines ADM as "a methodology for applying critical and creative thinking to understand, visualize, and describe problems and approaches to solving them."²³ The application of ADM helps illuminate the connections between individual components within a complex adaptive system and the underlying assumptions that underpin the

¹⁹ Thomas S. Kuhn, *The Structure of Scientific Revolutions* (Chicago: University of Chicago Press, 1970), 64.

²⁰ Charles T. Cleveland and Stuart L. Farris, "Toward Strategic Landpower," *Army* 63, no. 7 (July 2013): 21-22.

²¹ Army Doctrine Publication (ADP) 3-0, *Unified Land Operations* (Washington, DC: Government Printing Office, 2015), 10-11.

²² Alex J. Ryan, "Applications of Complex Systems to Operational Design" (presentation, Eighth International Conference on Complex Systems, Quincy, MA, June 2011), 1252-66; Gittipong Paruchabutr, ed., *SOF Campaign Planner's Handbook of Operational Art and Design* (Fort Bragg, NC: US Army Special Operations Command, 2014), I-3.

²³ Army Techniques Publication (ATP) 5-0.1, *Army Design Methodology* (Washington, DC: Government Printing Office, 2015), 1-3; ADP 5-0, *The Operations Process* (Washington, DC: Government Printing Office, 2012), 7.

problem and environment.²⁴ An inherent characteristic of ADM is an emphasis on describing the current conditions, identifying problems, and visualizing the desired end state. Upon achieving the former, ADM enables the development of viable solutions that aim to meet the end state.²⁵ Within the ADM construct, the outputs of this process facilitate the development of an operational approach. According to doctrine, “the operational approach is a conceptualization of ‘what needs to be done’ to solve or manage identified problems.”²⁶ Figure 1 shows the general framework of ADM.

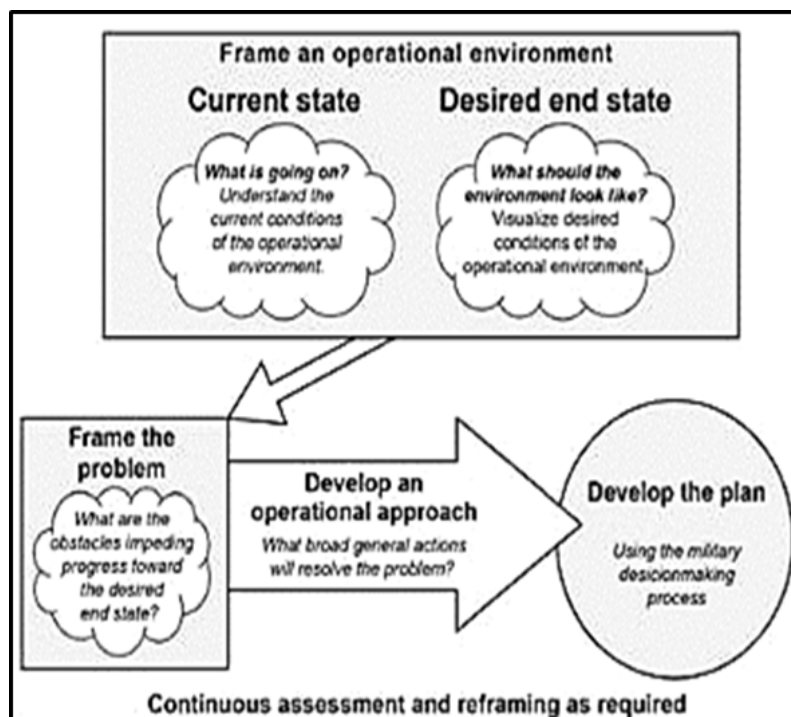


Figure 1. The Army Design Methodology. Army Techniques Publication (ATP) 5-0.1, *Army Design Methodology* (Washington, DC: Government Printing Office, 2015), 3-1.

²⁴ For examples of how to apply design and systems thinking concepts, see John F. Schmitt, “A Systemic Concept for Operational Design,” June 2006, accessed January 20, 2017, http://www.au.af.mil/au/awc/awcgate/usmc/mcwl_schmitt_Design.pdf; ATP 5-0.1, B-1.

²⁵ ATP 5-0.1, 1-2; Paul T. Mitchell, *Stumbling into Design: Teaching Operational Warfare for Small Militaries* (North York, ON: Canadian Forces College, 2015), 1-2.

²⁶ ATP 5-0.1, 5-2.

Framing is a fundamental part of ADM as it supports a focused assessment of a specific environment, operation, or plan. ATP 5-0.1 defines framing as “selecting, organizing, interpreting, and making sense of interrelated variables and relevant actors in an operational environment.”²⁷ Framing centers on a cogent description of the operational environment, the current and desired conditions within that environment, as well as the problem or obstacles preventing the realization of the desired conditions.²⁸ The ability to visualize a conceptual plan, or approach, emerges from the framing process and provides a general outline for the development of the operational approach.

The framing and re-framing process is contingent on a systematic and recurring analysis of the environment and the organization’s relative position within it. A systems approach highlights the interplay between elements within a complex adaptive system, facilitating a deeper understanding of the problem as well as the environment.²⁹ In turn, a systems perspective facilitates the development of options aimed at transforming—as opposed to eradicating—the current situation. The heightened understanding gained from systems thinking enables leaders to influence—rather than predict and react to—future conditions within the environment.³⁰

Army doctrine defines an environment as “a composite of the conditions, circumstances, and influences that affect the employment of capabilities and bear on the decisions of the commander.”³¹ Using a systems perspective helps identify relationships among relevant actors

²⁷ ATP 5-0.1, 3-1.

²⁸ Ibid., 3-2.

²⁹ Mary Jo Hatch, *Organization Theory*, 2nd ed. (New York: Oxford University Press, 2006), 330.

³⁰ Donella H. Meadows and Diana Wright, *Thinking in Systems: A Primer* (White River Junction, VT: Chelsea Green Publishing, 2008), 11-15.

³¹ ATP 5-0.1, 3-3.

and the conditions within an operational environment.³² Andras Angyal's biosphere model offers an applicable systems theory to frame the current service member environment as it recognizes emergent properties within an environment and seeks to explain emergence in terms of how the constituent parts are organized, relate, and interact.³³ Angyal's biosphere refers to both the individual and the physical environment. As he explains:

The biosphere is seen as a system of interlocking sub-systems so arranged that any given sub-system of the biosphere is both the container of lesser systems and the contained of a greater system or systems. The interplay of the interlocking systems creates a tension characterized by a fundamental polarity that arises from the fact that the environment pulls in one direction and the organism in the other.³⁴

The range of human interactions and the ability to adapt to an operational environment may add to the complexity of a situation or problem.³⁵ Under Angyal's framework, the individual nature of service member suicide suggests that each case is a unique event that occurs under analogous conditions.³⁶ Therefore, environmental conditions and relationships subject to those conditions might link a preponderance of suicide events to common causes or problems. Causes aside, the application of design, systems thinking, organizational theory, and epistemology

³² ATP 5-0.1, 3-3.

³³ Andras Angyal, "A Logic of Systems," in *Systems Thinking: Selected Readings*, ed. Frederick E. Emery (Harmondsworth, UK: Penguin Press, 1971), 17-29.

³⁴ Richard P. Marsh, "The Organismic Psychology of Andras Angyal in Relation to Sri Aurobindo's Philosophy of Integral Non-Dualism," in *The Integral Philosophy of Sri Aurobindo*, ed. Haridas Chaudhuri and Frederic Spiegelberg (London: Allen and Unwin, 1960), 191-203.

³⁵ ATP 5-0.1, 3-1.

³⁶ For further studies and findings regarding potential causes of service member suicide, see Raymond Sobel, "Anxiety-Depressive Reactions after Prolonged Combat: The Old Sergeant Syndrome," *Psychiatry Interpersonal and Biological Processes* 10, no. 3 (January 1947): 315-21; Mardi Horowitz, Nancy Wilner, and William Alvarez, "Impact of Event Scale: A Measure of Subjective Stress," *Psychosomatic Medicine* 41, no. 3 (1979): 209-18; and Jose R. Rodriguez, Randy Quiñones-Maldonado, and Awilda Alvarado-Pomales, "Military Suicide: Factors That Need to be Taken into Consideration to Understand the Phenomena," *Boletín de la Asociación Médica de Puerto Rico* 101, no. 3 (2008): 33-41.

enables the discernment of the broad environmental conditions and challenges encompassing service member suicide.³⁷

Despite the substantial benefits of this approach, ADM does not typically provide a detailed expression of the “how” but sets the “boundaries for the development of courses of action.”³⁸ When employed correctly, design places users in a position to make decisions in stride, with less difficulty, and with a greater chance of success.³⁹ This adaptability is possible because of the depth of understanding sought throughout the framing and re-framing process.⁴⁰ While a comprehensive application of the design process exceeds the purpose of this monograph, even the limited application herein exposes the impacts of service member suicide in the context of the DOD’s readiness challenges.

Framing the Operational Environment: An Overview

The Army asserts increasing levels of complexity and uncertainty as hallmark characteristics of the current and future OEs.⁴¹ Most atypical human phenomena emerge from a multifaceted environment and the mixture of societal, organizational, and individual conditions.⁴² A blending of these conditions have become so entrenched in the service member culture that

³⁷ For further information regarding systems thinking, organizational theory, and epistemology, see Hatch, 14-25; Meadows and Wright, *Thinking in Systems*, 191; and Barbara J. Falk and Paul T. Mitchell, “The Last Good War?: The Lingering Impact of World War II, Epistemology and Ontology in Conflict and Popular Culture,” *Critical Studies on Security* 3, no. 3 (2015): 290-96.

³⁸ ATP 5-0.1, 3-4, 5-2.

³⁹ Jeffrey M. Reilly, *Operational Design: Distilling Clarity from Complexity for Decisive Action* (Maxwell Air Force Base, AL: Air University Press, 2012), 15.

⁴⁰ Paruchabutr, *SOF Campaign Planner’s Handbook*, F-15.

⁴¹ Field Manual 7-0, *Training Units and Developing Leaders for Full Spectrum Operations* (Washington, DC: Government Printing Office, 2012), iii; TRADOC Pamphlet 525-3-0, *The US Army Capstone Concept* (Fort Eustis, VA: US Army Training and Doctrine Command, 2012), 9-10.

⁴² Anton A. Leenaars, *Suicide among the Armed Forces: Understanding the Cost of Service* (New York: Routledge, 2016), pt. 1; Sobel, “The Old Sergeant Syndrome,” 321.

suicide events are now a regular occurrence frequently associated with the military's identity.⁴³

The increase in suicide across all services during the last two decades suggests that systemic factors beyond the individual service members may be driving the current crisis.⁴⁴ However, the factors triggering service member suicide are not easily determined.⁴⁵

Service Member Suicide

Michael Schoenbaum, an epidemiologist at the National Institute of Mental Health, states that "People's natural instinct is to explain military suicide by the war-is-hell theory, but it is more complicated."⁴⁶ A detailed assessment of the Army's state of health and discipline found that "Suicide is perhaps the most complex and severest outcome of comorbidity and life stressors."⁴⁷ For each service member who succumbs to suicide, about twenty-five others will attempt it, and even more will ideate about committing suicide.⁴⁸ Within the current environment, substantial efforts to better understand service member suicide are ongoing, but the DOD's current approach may be limited by a preponderance of symptomatic methods and laborious procedures.⁴⁹

⁴³ Sebastian Junger, "What's the Matter with the American Military," *The Atlantic*, February 23, 2015, accessed June 7, 2016, <http://www.theatlantic.com/archive/2015/02/whats-the-matter-with-the-american-military/385735>.

⁴⁴ Task Force on the Prevention of Suicide, *The Challenge and Promise*, 3-5.

⁴⁵ Mike Colston, "We Can't Skip the Science," *American Journal of Bioethics* 16, no. 8 (2016): 39-41; Bruce Bongar, Glenn Sullivan, and Larry James, eds., *Handbook of Military and Veteran Suicide: Assessment, Treatment, and Prevention* (New York: Oxford University Press, 2017), sec. 2.

⁴⁶ Alan Zarembo, "Detailed Study Confirms High."

⁴⁷ Headquarters, Department of the Army (HQDA), *Army 2020: Generating Health and Discipline in the Force Ahead of the Strategic Reset* (Washington, DC: Government Printing Office, 2012), 51, accessed May 1, 2017, <http://usarmy.vo.llnwd.net/e2/c/downloads/232541.pdf>.

⁴⁸ HQDA, *Generating Health and Discipline*, 6-7.

⁴⁹ For a discussion of emerging theories on service member suicide, see Thomas E. Joiner, *Why People Die by Suicide* (Cambridge, MA: Harvard University Press, 2006); Edward A. Selby et al., "Overcoming the Fear of Lethal Injury: Evaluating Suicidal Behavior in the Military through the Lens of

Many mental health professionals hold that the majority of suicides occur due to excessive and repeated exposures to stress.⁵⁰ In 2014, research led by psychologist and former US Army Col. Carl Castro and research assistant professor Sara Kintzle suggested that the US military has yet to identify a definitive cause or to develop a nuanced understanding of service member suicide.⁵¹ Some critics cite deficiencies in the DOD's current approach, as well as the data surveillance process, service member suicide rate calculation methods, and a lack of standardization across the services' prevention programs as explanations for the truncated understanding.⁵²

While a substantial collection of data has enabled the DOD to understand who has committed suicide, the reasons for service member suicide remain poorly understood. Contemporary medical findings offer three general taxonomies of suicide: biological, psychological, and sociocultural.⁵³ The sociocultural theory, conceived by French sociologist Emile Durkheim in 1897, appeared in the seminal work *Suicide*. Durkheim developed the concepts of egoistic, altruistic, and anomic suicide from evidence collected during surveys in the late nineteenth century.⁵⁴ Durkheim's theory suggests a strong correlation between suicide rates

the Interpersonal-Psychological Theory of Suicide," *Clinical Psychology Review* 30, no. 3 (April 2010): 298-307.

⁵⁰ American Psychiatric Association, *Diagnostic and Statistical Manual of Mental Disorders*, 5th ed., s.v. "suicide" (Arlington, VA: American Psychiatric Publishing, 2013), 800-3.

⁵¹ Carl A. Castro and Sara Kintzle, "Suicides in the Military: The Post-Modern Combat Veteran and the Hemingway Effect," *Current Psychiatry Reports* 16, no. 8 (June 2014): 1-9.

⁵² See, Castro and Kintzle, "Combat Veteran Hemingway Effect," 7; US DOD Inspector General (DODIG), Special Plans and Operations, *DODSER Data Quality Assessment*, DODIG Report 2015-016, November 14, 2014, 1-12.

⁵³ Jerrold B. Leikin and Martin S. Lipsky, eds., *Complete Medical Encyclopedia* (Norwalk, CT: Easton Press, 2003), 1178-80.

⁵⁴ Andrew M. Colman, *A Dictionary of Psychology* (New York: Oxford University Press, 2001), 719. See also, Appendix 1.

and his concept of *anomie*. According to Durkheim's definition, anomie is a state of society in which rules, standards of belief, and conduct have weakened or broken down.⁵⁵ Durkheim found that under these conditions "an analogous condition manifests within an individual, characterized by hopelessness, disorientation, loss of belief, and social isolation."⁵⁶ While Durkheim's theories have stood the test of time, the assessment of psychiatric conditions cannot be entirely objective. As a result, definitive medical explanations of suicide and the efficacy of prevention methods remain unsettled.⁵⁷

The DOD's Current Approach

The DOD's current suicide prevention efforts originated from a 2008 Defense Health Board Task Force initiated by then-SECDEF Robert Gates.⁵⁸ Secretary Gates established the task force after the rate of service member suicide rose from 10.3 per 100,000 in 2001, to 16.1 per 100,000 in 2008.⁵⁹ The rate represents the average number of individuals within a given population who will attempt and die from suicide during a specified period.⁶⁰ Not plainly reflected in the increased rate are the additional 125 per 100,000 non-fatal suicide attempts.

In acknowledgment of the ongoing crisis, the need for a centralized agency to track and mitigate service member suicide became the task force's lead finding. The recommendation led to

⁵⁵ Colman, *A Dictionary of Psychology*, 719.

⁵⁶ *Ibid.*, 41.

⁵⁷ See, Leikin and Lipsky, 1178; Pierre J. Beaumont, "Phenomenology and the History of Psychiatry," *Australian and New Zealand Journal of Psychiatry* 26, no. 4 (1992): 532-45; Simeon Margolis and Hamilton Moses, eds., *The Johns Hopkins Medical Handbook: 100 Major Medical Disorders* (New York: Rebus, 2012), 434-37.

⁵⁸ US DOD, Defense Suicide Prevention Office (DSPO), "History of the Defense Suicide Prevention Office," January 2017, accessed May 1, 2017, <http://www.dspo.mil/history.aspx>.

⁵⁹ *Ibid.*

⁶⁰ Donna L. Hoyert, "75 Years of Mortality in the United States: 1935–2010," data brief no. 88, US Department of Health and Human Services, 2012.

the creation of the Defense Suicide Prevention Office (DSPO) and the incorporation of a significant data surveillance program in 2011.⁶¹ As part of this initiative, the DSPO publishes a quarterly and annual DOD Suicide Event Report (DODSER). Figure 2 provides a general idea of the time, personnel, and resources involved in the DODSER reporting process.

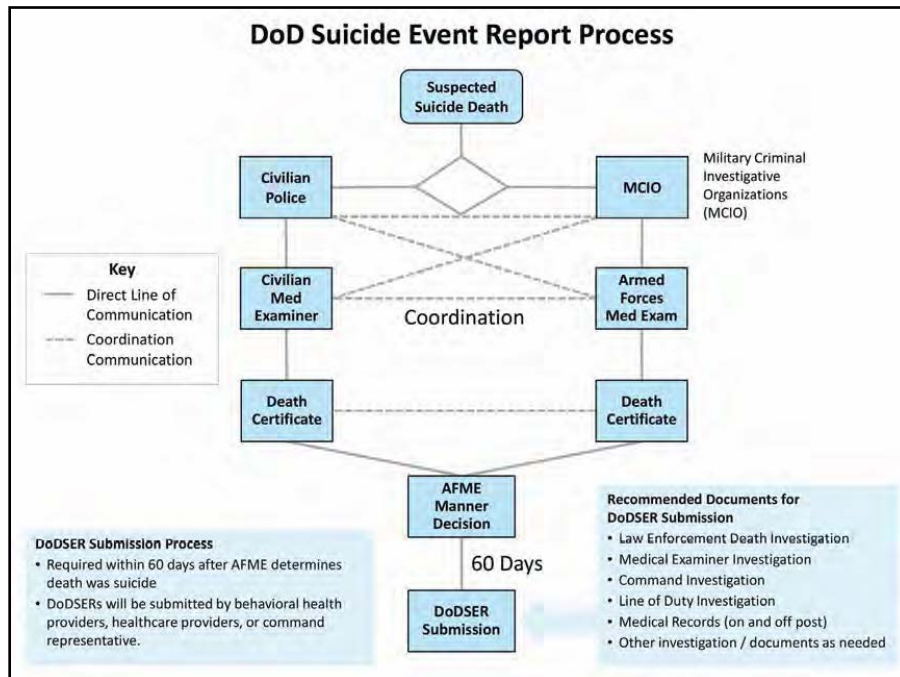


Figure 2. The DODSER Submission Process. US DOD Inspector General (DODIG), Special Plans and Operations, *DODSER Data Quality Assessment*, DODIG Report 2015-016, November 14, 2014.

The data surveillance program seeks to identify common demographics, monitor changes, and determine trends to stimulate future research efforts.⁶² The program suggests that over time the analysis of these metrics will enable the identification of individual factors that either mitigate or increase suicidal behavior.⁶³ The data empowers the DOD to determine if the rate of service

⁶¹ Task Force on the Prevention of Suicide, *The Challenge and Promise*, 3.

⁶² Franklin, *DODSERs 2016*, 3-7.

⁶³ Ibid.

member suicide is within the range of societal norms.⁶⁴ The data also allows the DSPO, in collaboration with the Defense Manpower Data Center (DMDC), to track the rate of service member suicide and compare it against a demographically similar portion of US civilians.⁶⁵ As admitted by the DSPO, this approach will take time to produce meaningful deductions and the evolving demographics of service members may limit conclusive findings.

The DODSER illuminates the magnitude of the military's suicide problem, but the DSPO may benefit from a broader assessment of societal and organizational conditions—beyond the individual—that contribute to suicide events. While the DSPO seeks to bolster collaboration with a wide array of stakeholders external to the DOD, current policies limit third party organizations from leveraging the DSPO data unless acting as a co-investigator under a DOD or Veterans Affairs (VA) principal investigator.⁶⁶ The reduced ability to share information with a broad array of experts may create artificial barriers to a deeper understanding and could delay the development of solutions.

In the time between the start of the task force investigation and the creation of the DSPO, the continuous rise of suicide prompted the development of suicide prevention programs and research efforts across the services. One notable program is the Army's Study to Assess Risk and Resilience in Service Members (STARRS). The STARRS program seeks to investigate risk factors and protective factors for suicide, suicide-related behavior, and other mental or behavioral health issues in soldiers.⁶⁷ Beginning in July 2009, STARRS incorporates some of the most distinguished

⁶⁴ Jessica L. Wright, "Standardization of Suicide Data Reporting," US DOD, Office of the Under Secretary of Defense-Personnel and Readiness memorandum, March 14, 2014, A-1.

⁶⁵ Ibid., 1-3.

⁶⁶ Ibid., 1.

⁶⁷ US DOD, "The Study to Assess Risk and Resilience in Service Members—Longitudinal Study," US Army STARRS, accessed April 29, 2017, <http://starrs-ls.org/#/page/background>.

mental and behavioral health specialists in the world. As of 2015, the program's focus has transitioned from data collection and collation to exploitation and experimentation.⁶⁸

Left alone, the DOD's approach to this problem might overlook non-demographic circumstances underlying service member suicide. In an interview, David Rudd, the director of the National Center for Veteran Studies, stated, "We need to look at the big picture to understand what's going on today, but we all too often lose historical perspective."⁶⁹ Based on available data from the Defense Casualty Analysis System (DCAS) and DSPO publications, over the last thirty-six years, suicide is second only to accidents as the leading cause of all service member deaths.⁷⁰ The uncomfortable reality of the military's suicide problem has led the DOD to direct the services to focus their efforts on resiliency and readiness.⁷¹ In the interim, active service members and veterans continue to take their own lives at a rate that exceeds the civilian population.⁷² As a result, the effectiveness of current suicide prevention programs remains highly debated.⁷³

The DOD's current paradigm focuses on building greater tolerance for stress through resiliency by increasing a service member's ability to adapt to stress. As defined, resiliency is

⁶⁸ US DOD, "STARRS-LS."

⁶⁹ "Why Modern Soldiers are More Susceptible to Suicide," US News, May 2, 2013, accessed October 12, 2016, https://usnews.newsvine.com/_news/2013/03/02/17148761-why-modern-soldiers-are-more-susceptible-to-suicide.

⁷⁰ DMDC, "Casualties—Rate per 100,000"; Franklin, "DODSERS CY 2011-2016."

⁷¹ Jim Garamone, "Dunford Sends Message to Joint Force, Stresses Readiness, Warfighting, Education," DOD News, October 2, 2015, accessed January 4, 2017, <https://www.defense.gov/News/Article/Article/621725/dunford-sends-message-to-joint-force-stresses-readiness-warfighting-education>; and Bryan B. Battaglia, "Readiness and Resiliency Go Hand in Hand," *Joint Forces Quarterly*, no. 67 (4th Quarter, 2012): 4-5.

⁷² See, US Department of Veterans Affairs (VA), "VA Suicide Prevention Program: Facts about Veteran Suicide," July 2016, accessed January 7, 2017, https://www.va.gov/opa/publications/factsheets/Suicide_Prevention_FactSheet_New_VA_Stats_070616_1400.pdf; DMDC, "Casualties—Rate per 100,000."

⁷³ Castro and Kintzle, "Combat Veteran Hemingway Effect," 6-8.

“the process of coping with or overcoming exposure to adversity or stress.”⁷⁴ While stress adaptation is useful, the approach does not emphasize a desired end state or the environmental conditions that may be limiting service member resiliency. As a result, the DOD’s resilience-centric approach marginalizes a finite human capacity to deal with combat and operational stress as well as the theory of ultimate vulnerability.

Developed towards the end of World War II, the theory posits that every individual has a breaking point.⁷⁵ Along similar lines, “burnout” occurs when the individual is no longer able to operate under the relentless uncertainty and stressors of their environment.⁷⁶ The burnout theory asserts that highly devoted individuals commit unyielding energy to unsatisfying work.⁷⁷ In turn, the individuals expose themselves to progressively greater stress in order to meet internal and external expectations. Eventually, the individual exhausts the finite amount of adaptation energy.⁷⁸ This concept aligns with what James March calls “slack,” the difference between realized achievement and potential achievement.⁷⁹

⁷⁴ Jaye Wald, Steven Taylor, Gordon J. Asmundson, Kerry L. Jang, and Jennifer Stapleton, *Literature Review of Concepts: Psychological Resiliency* (Vancouver: British Columbia University Press, 2006), 15-31.

⁷⁵ See, Dan G. Blazer, *The Age of Melancholy: Major Depression and its Social Origin* (New York: Routledge, 2005), 122; Sobel, “The Old Sergeant Syndrome,” 317.

⁷⁶ See, Roy Grinker and John Spiegel, “Brief Psychotherapy in War Neuroses,” *Psychosomatic Medicine* 6, no. 2 (1944): 123; Hans Pols, “The Tunisian Campaign, War Neuroses, and the Reorientation of American Psychiatry during World War II,” *Harvard Review of Psychiatry* 19, no. 6 (2011): 313-20; Jack B. Homer, “Worker Burnout: A Dynamic Model with Implications for Prevention and Control,” *Systems Dynamics Review*, no. 1 (1985): 41-60.

⁷⁷ Homer, “Worker Burnout: Dynamic Model,” 43.

⁷⁸ *Ibid.*

⁷⁹ James G. March, *A Primer on Decision Making: How Decisions Happen* (New York: Free Press, 1994), 28-30.

The complexity of the military's suicide problem constitutes an ill-structured problem that possesses a no stopping rule and is therefore unsolvable.⁸⁰ In using design, the identification of a potentially unsolvable problem should not prevent attempts to develop solutions. In a moral sense, service member suicide should elicit greater diligence as it is a categorical imperative.⁸¹ ADM suggests that, "To help understand the systems of problems, it is helpful to map the relationships...explain the causes or contributors to the problem."⁸² Without an improved understanding, service member suicide will continue to encroach on military readiness with unsettling consequences.

Service Member Suicide: Identifying Problems and Relationships

In lock step with the Army, the other services have also emphasized readiness. The senior leadership of the Navy, Air Force, and Marine Corps are also focusing resources on maximizing their services' state of readiness.⁸³ Common across all services was a clear emphasis on people. In testimony to the House Armed Service Committee, US Navy Admiral William F. Moran stated, "Our readiness challenges go deeper than ship and aircraft maintenance, directly affecting our ability to care for the Navy Team. Our people are what make the US Navy the best in the world, but our actions do not reflect that reality."⁸⁴

⁸⁰ Greenwood and Hammes, "War Planning Wicked Problems," 18.

⁸¹ Immanuel Kant, *Fundamental Principles of the Metaphysics of Ethics*, trans. Thomas K. Abbott (New York: Dover Publications, 2005), 390-403.

⁸² ATP 5-0.1, 4-4.

⁸³ For example, see Rich Lamance, "SECAF Outlines Top Priorities during State of AF Address," *Air Force News Service*, February 24, 2014, accessed April 28, 2017, <http://www.af.mil/News/Article-Display/Article/473409/secaf-outlines-top-priorities-during-state-of-af-address>; William F. Moran, *Vice Chief of Naval Operations Hearing before the House Armed Services Committee*, HR 1301, DOD Appropriations Act of 2017, 115th Cong., 1st sess., 1-5; and Richard J. Dunn III, *The Impact of a Declining Defense Budget* (Washington, DC: Heritage Foundation, 2013), 1-4.

⁸⁴ US Congress, *Vice Naval Operations Hearing*, 1-4.

Reinforcing Admiral Moran's remarks is the trajectory of service member suicide. All indications suggest suicide will soon be the leading cause of service member deaths.⁸⁵ A far greater number of service members have attempted suicide at one time or another making this problem even more unsettling.⁸⁶ Individuals with previous experience of suicidal ideation, as well as those who have made prior suicide attempts, are at a significantly higher risk of resorting to suicide in the future, further eroding the military's overall readiness.

Historically, the US military's suicide rate has been below the rate of the civilian population, but it has risen progressively since at least 1999. Until 2008, suicide rates in the military did not match or exceed the suicide rates of a demographically similar cohort of civilians.⁸⁷ From 2001 to 2015, suicides in the US military climbed from 153 to 478 per year. Since 2008, the average number of service member suicides per year has hovered above four hundred.⁸⁸ In the past decade, many subject matter experts have attempted to provide a reason for the increase. The most recognized explanations cite a sharp decline in the mental health of military personnel.⁸⁹ Evidentiary interpretations propose exposure to combat and reductions of service entry standards as primary causes for the decline in mental health.⁹⁰

⁸⁵ Leenaars, *Suicide among Armed Forces*, 20-31.

⁸⁶ Task Force on the Prevention of Suicide, *The Challenge and Promise*, 12.

⁸⁷ Bridget M. Kuehn, "Soldier Suicide Rates Continue to Rise: Military, Scientists Work to Stem the Tide," *Journal of the American Medical Association* 301, no. 11 (2009): 1112.

⁸⁸ Janet Kemp and Robert Bossarte, "Suicide Data Report: Veterans Affairs Suicide Prevention Program," US VA, 2013.

⁸⁹ Castro and Kintzle, "Combat Veteran Hemingway Effect," 3.

⁹⁰ Jitender Sareen et al., "Combat and Peacekeeping Operations in Relation to Prevalence of Mental Disorders and Perceived need for Mental Health Care: Findings from a Large Representative Sample of Military Personnel," *Archives of General Psychiatry* 64, no. 7 (2007): 843-52.

From 1980 to 2016, the average active military service member total death rate stood at 84 per 100,000 per year.⁹¹ In total, approximately 48,834 active military service members died during this time, and the highest annual death rates occurred from 2004 to 2007.⁹² The increase in total deaths and deaths per 100,000 during that time corresponds with the rise of service members deployed in support of extended combat operations.⁹³ In 2007, the total number of service members deployed in support of combat operations in the Middle East peaked at 322,570.⁹⁴ After peaking in 2007, the total number of service members deployed to the Middle East declined quickly to 221,690 in 2011; 128,023 in 2012; and 54,436 by June 2015.⁹⁵ Despite the drawdown, a rapid acceleration in service member suicide occurred.⁹⁶ Findings presented by the DSPO show that almost 60 percent of service members who committed suicide had never deployed to combat, and that 85 percent had no direct combat experiences even when they had deployed.⁹⁷ Generally, service members holding combat occupational specialties account for approximately 18 percent of total service members.⁹⁸ As expected, these service members account for a disproportionate

⁹¹ DMDC, “Casualties–Rate per 100,000.”

⁹² Ibid.

⁹³ Tim Kane, *Decline of American Engagement: Patterns in US Troop Deployments* (Stanford, CA: Hoover Institution, 2016), 5-7.

⁹⁴ Mark A. Reger, Derek J. Smolenski, Nancy A. Skopp, and Melinda J. Metzger-Abamukang, “Risk of Suicide among US Military Service Members Following Operation Enduring Freedom or Operation Iraqi Freedom Deployment and Separation From the US Military,” *JAMA Psychiatry* 72, no. 6 (June 2015): 561-69.

⁹⁵ Reger et al., “Suicide among US Military,” 563-66.

⁹⁶ Ibid., 561.

⁹⁷ Patricia Kime, “Many Try to Get Help Before Suicide,” *Army Times*, December 13, 2012, accessed July 19, 2016, <http://www.armytimes.com/article/20121213/news/30322/many-try-get-help-before-suicide>.

⁹⁸ Armed Forces Health Surveillance (AFHS) Center, “Deaths while on Active Duty in the US Armed Forces, 1990-2011,” *Medical Surveillance Monthly Report* 19, no. 5 (May 2012): 2-5.

number of total casualties (30 percent). Nevertheless, since 1980 nearly 68 percent of all service member deaths result from either suicide or accidents.⁹⁹

From 2005 to 2016, the proportion of deaths due to suicide increased sharply, and accidents declined proportionately; as a result, in 2010 and 2011, suicides accounted for more service member deaths than accidents. Since at least 1998, accidents and suicides constitute the leading causes of death among service members within the 18 to 24 year-old demographic.¹⁰⁰ From 1990 to 2000, the average annual rate of service member suicide for the entire US military stands at 11.8 per 100,000 service members. As of today, it lingers between twenty and twenty-five.¹⁰¹

An Initial Problem Frame

The growth of suicide within America writ large has generated concern enough as to elicit a presidential decree of September as National Suicide Prevention Month, yet the problem persists.¹⁰² The persistence of suicide has strained the military's ability to achieve readiness and diminished the military's human capital.¹⁰³ Only during the five-year period when fighting in Afghanistan and Iraq peaked did combat-related events cause a majority of service member deaths.¹⁰⁴ Over the last ten years (2006-2016), suicide has claimed the lives of more service

⁹⁹ AFHS, "Deaths on Active Duty," 5.

¹⁰⁰ Ibid.

¹⁰¹ Joel R. Carr, Charles W. Hoge, John Gardner, and Robert Potter, "Suicide Surveillance in the US Military—Reporting and Classification Biases in Rate Calculations," *Suicide and Life Threatening Behavior* 36, no. 3 (January 2011): 233-41.

¹⁰² Connie Goldsmith, *Understanding Suicide: A National Epidemic* (Minneapolis, MN: Twenty-First Century Books, 2016), 64-66.

¹⁰³ For example, see Congressional Record Proceedings and Debates of the 107th Congress, pt. 14; Linda J. Blimes, *Current and Projected Future Costs of Caring for Veterans of the Iraq and Afghanistan Wars* (Cambridge, MA: Harvard University Press, 2011), 3-7.

¹⁰⁴ See, DMDC, "Casualties—Rate per 100,000"; Harrell and Berglas, *Losing the Battle*.

members than all hostile action in Iraq and Afghanistan combined. Among actively serving military service members, suicide reached its highest mark of 525 in the 2012 calendar year.¹⁰⁵ The number of combat deaths since 2009, when President Barack Obama’s drawdown in Iraq officially started, stands at approximately 1,611.¹⁰⁶ In this same period, 3,305 military service members have taken their lives.¹⁰⁷ Figure 3 shows that service member suicide has been on the rise for some time and that the military is steadily becoming its own worst enemy.¹⁰⁸

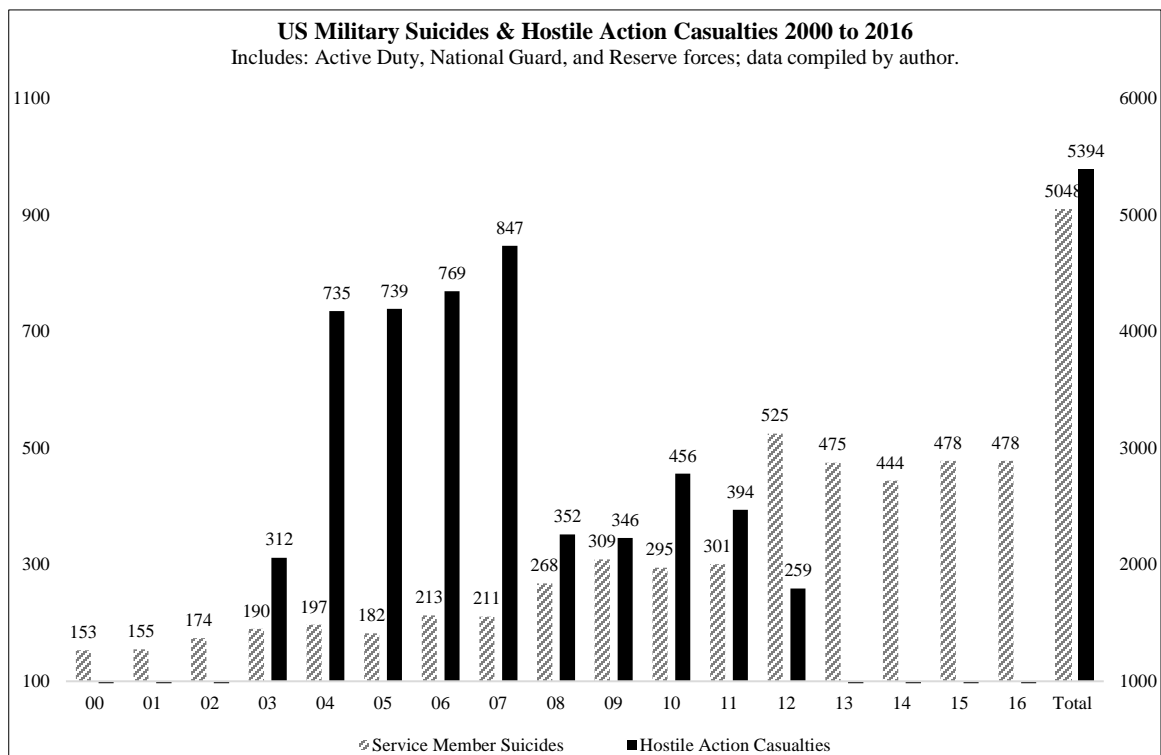


Figure 3. US Military Service Member Suicides from 2001-2016. DMDC, “US Military Casualties-By Type and Year,” DCAS, accessed March 13, 2017, www.dmdc.osd.mil/dcas/report_xhtml; DSPO, “DODSER: CYs 2009-2016,” DSPO, accessed December 29, 2016, <http://t2health.org/programs/dodser>.

¹⁰⁵ DMDC, “Casualties–Rate per 100,000.”

¹⁰⁶ Ibid.

¹⁰⁷ DMDC, “US Military Casualties-By Type and Year,” DCAS, accessed January 8, 2017, https://www.dmdc.osd.mil/dcas/report_xhtml; Franklin, “DODSERs CY 2011-2016.”

¹⁰⁸ Accidents not suicide are the most consistent cause of death and injury in the military. See, DMDC, “Casualties–Rate per 100,000”; and Harrell and Berglas, *Losing the Battle*.

The rise in suicide following reductions in boots on the ground from 2009 suggests an additional link between meaningful work and suicides. Contrary to common acceptance, the data in Figure 4 suggests that as the military's combat operations—the highest purpose associated with military service—decline, service member suicide increases. Figure 4 depicts the number of suicides in conjunction with the boots on the ground in Iraq and Afghanistan. While official deployed troop strength data beyond 2013 was unavailable, it appears as if combat operations may provide an enhanced sense of purpose and an internal justification for the inescapable sacrifices leading up to and during combat.¹⁰⁹

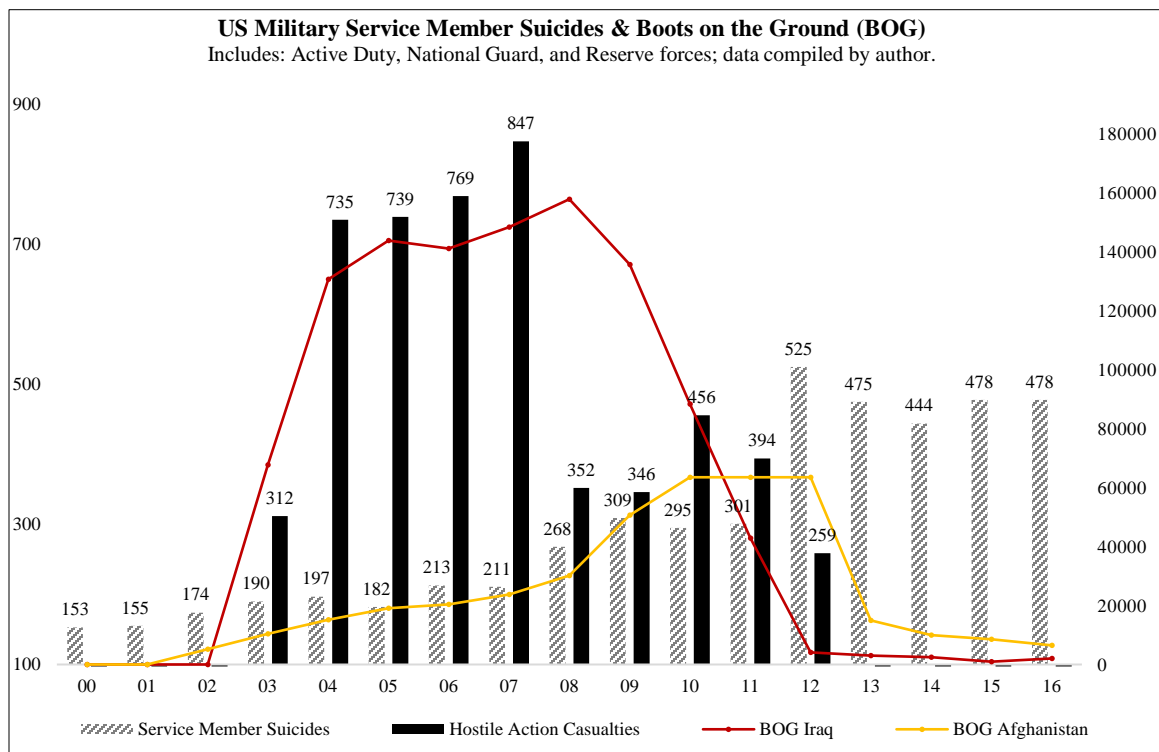


Figure 4. Service Member Suicides and Boots on the Ground. DMDC, “US Military Casualties-By Type and Year,” DCAS, accessed March 13, 2017, www.dmdc.osd.mil/dcas/report_xhtml; Franklin, “DODSER: CYs 2009-2016,” DSPO, accessed December 29, 2016, <http://t2health.org/programs/dodser>; Tim Kane, *Decline of American Engagement: Patterns in US Troop Deployments* (Stanford, CA: Hoover Institution, 2016).

¹⁰⁹ Lisa A. Brenner et al., “A Qualitative Study of Potential Suicide Risk Factors in Returning Combat Veterans,” *Journal of Mental Health Counseling* 30, no. 3 (Spring 2008): 211-25.

Despite the quantifiable impacts of service member suicide, threats emanating from China, Russia, North Korea, and the Islamic State grab the attention of strategic leaders. Such threats are more tangible and potentially existential and therefore appear more pertinent in the context of national security.¹¹⁰ The commander of US Army Training and Doctrine Command (TRADOC), Lt. Gen. Robert W. Cone, has emphasized the importance of “finding the right balance that allows the Army to succeed in the current fight while simultaneously preparing for the future.”¹¹¹ Notwithstanding, in the past two decades, suicide has taken the lives of more US service members than all other combat operations combined.¹¹²

Reframing the Environment

The service member suicide OE centers on human interactions and how these interactions, correspond to one another within the evolving OE. Three elements are common to all service member suicides: an individual service member, the military organization, and society. Evaluating the interplay and interconnectedness between these elements may yield potential insights into the service member suicide phenomenon.¹¹³ The assessment of service member suicide within the contemporary OE requires a detailed understanding of the common social conditions, backgrounds, and demographics of service members. Societal and cultural influences, including immigration, birth rates, and technological advancements, have changed American

¹¹⁰ Frans Osinga, *Science, Strategy and War: The Strategic Theory of John Boyd* (New York: Routledge, 2007), 14, 66-67.

¹¹¹ Robert W. Cone, “Shaping the Army of 2020,” *Army* 61, no. 10 (October 2011): 71-76.

¹¹² Jitender Sareen et al., “Combat and Peacekeeping Operations,” 843-52.

¹¹³ Geert Hofstede and Gert Jan Hofstede, *Cultures and Organizations: Software of the Mind: Intercultural Cooperation and Its Importance for Survival* (New York: McGraw Hill, 2005), 170-71.

society dramatically since the last involvement of the United States in a protracted war.¹¹⁴ Along similar lines, the composition, education, and experience of service members have also changed.¹¹⁵

Service Members

The emergence of steady-state conflict has required service members to achieve operational requirements for durations unprecedented in American history. Less than thirty million Americans alive today have served in the military at one time or another.¹¹⁶ Of these service members, only 2.5 million have served in either Iraq or Afghanistan, with over half deploying more than once.¹¹⁷ Even with the efforts of so few Americans spanning almost two decades, there is a growing belief that a preponderance of the currently serving generation of service members lack resiliency.¹¹⁸

The scope and scale of challenges found in the contemporary operating environment are no longer isolated to the combat zone. Almost half of today's veterans have reported readjustment difficulties, issues reintegrating with their family, and post-traumatic stress (PTS). Others propose that a widespread lack of resiliency does not exist within the military and that any presence of

¹¹⁴ "The Military-Civilian Gap: Fewer Family Connections," *Pew Research Center*, November 23, 2011, accessed July 9, 2016, <http://www.pewsocialtrends.org/2011/military-civilian-gap>; "War and Sacrifice in the Post-9/11 Era," *Pew Research Center*, October 5, 2011, accessed July 11, 2016, <http://www.pewsocialtrends.org/2011/war-and-sacrifice-in-the-post-911-era>.

¹¹⁵ Pew Research Center, "The Military-Civilian Gap."

¹¹⁶ US DOD, *2015 Demographics: Profile of the Military Community* (Washington, DC: Office of the Under Secretary of Defense Personnel and Readiness, 2015); Goldsmith, *Understanding Suicide: A National Epidemic*, 64.

¹¹⁷ Shannon J. Johnson et al., *Psychological Needs of US Military Service Members and Their Families: A Preliminary Report* (Washington, DC: American Psychological Association, 2007), 9-11.

¹¹⁸ See Peter Gray, "Declining Student Resilience: A Serious Problem for Colleges," *Psychology Today*, September 22, 2015, accessed November 10, 2016, www.psychologytoday.com/freedom-learn/201509/declining-student-resilience-serious-problem-colleges; HQDA, *Generating Health and Discipline*, 76-81.

such a case originates from a period of lower accession standards.¹¹⁹ These difficulties may support notions of a systemic lack of resiliency within the military services. Such notions suggest that the military's screening procedures may be ineffective and are contributing to the rise in suicides.

Detailed reviews of the stringent selection criteria applied during World War II and recent DOD findings suggest that screening service members before entry is an unreliable way of determining an individual's psychological predisposition in combat or other stressful environments.¹²⁰ At the onset of World War II, the implementation of rigorous screening protocols assessed 6.4 million of the nearly 23.3 million men as unfit for service.¹²¹ The effort was an attempt to reduce the level of psychiatric casualties—those who may suffer from breakdown or “shell shock” during combat operations—than had occurred during World War I.¹²²

This approach, however well-intended, was not successful at reducing psychiatric casualties. The elimination of service members for psychiatric reasons exceeded those determined ineligible because of a psychoneurosis diagnosis. In total, approximately 36 per 1,000 service members separated because of psychoneurosis.¹²³ In the wake of the two World Wars, William

¹¹⁹ Donna Miles, “Suicide Prevention Begins with Recruiters, Supervisors,” *American Forces Press Service*, February 3, 2011, accessed October 11, 2016, www.defense.gov/news/article.aspx?id=267462674.

¹²⁰ See, Albert J. Glass, *Army Psychiatry before World War II*, vol. 1, *Zone of the Interior: Neuropsychiatry in World War II* (Washington, DC: Office of the Surgeon General, 1966), 733-52; Charles W. Hoge et al., “Combat Duty in Iraq and Afghanistan, Mental Health Problems, and Barriers to Care,” *New England Journal of Medicine* 351, no. 1 (2004): 13-22.

¹²¹ William C. Menninger, *Psychiatry in a Troubled World: Yesterday's War and Today's Challenge* (New York: MacMillan, 1949), 2-10.

¹²² See, *ibid.*, 12; Samuel A. Stouffer, *Studies in Social Psychology in World War II*, vol. 4, *Measurement and Prediction* (Princeton, NJ: Princeton University Press, 1950), 547-51.

¹²³ See, Menninger, *Psychiatry in Troubled World*, 15; Crawford N. Baganz, “The Importance of a Proper Psychiatric Survey in the Enrollment of the Personnel of Military Forces,” *Military Surgeon* 86, no. 2 (May 1940), 471-77; and Norman Q. Brill, Mildred C. Tate, and William C. Menninger, “Enlisted Men

Menninger and Roy Grinker proposed that service members who suffer from mental or behavioral health issues after extended periods of combat are not weak, but can no longer operate under the unrelenting stresses of their environment.¹²⁴ Similarly, the DOD has not found any connections between suicide and individual service members receiving medical waivers for entry over the past ten years.¹²⁵

Members of the current US military are on average older than those from the World War and Vietnam eras, yet younger than the population as a whole.¹²⁶ Also, the military is more ethnically diverse, and more service members are married.¹²⁷ Some scholars suspect that a significant number of current service members entered the military due to a lack of economic or professional options.¹²⁸ Others argue that today's service members are willing to serve for longer periods and are more motivated by morals than is commonly asserted.¹²⁹ A comprehensive study of today's service members, conducted by Shanea Watkins and James Sherk, concluded:

Both active-duty enlisted troops and officers come disproportionately from higher income neighborhoods—a trend that has increased since 9/11. America's troops are highly educated. Enlisted recruits have above average intelligence and are far more likely than their civilian peers to have a high school diploma. Nearly all of the officer corps has

Discharged from the Army Because of Psychoneuroses: Follow-up Study," *Journal of the American Medical Association* 128, no. 9 (1945): 633-37.

¹²⁴ Roy Grinker and John P. Spiegel, *War Neurosis in North Africa* (New York: Foundation, 1943), 79-91.

¹²⁵ Army Regulation (AR) 600-63, *Army Health Promotion* (Washington, DC: Government Printing Office, 2010), 142.

¹²⁶ See, CBO, *The All-Volunteer Military: Issues and Performance: CBO Study* (Washington, DC: Government Publication Office, 2007), viii; Frank G. Hoffman, "The Contemporary Spectrum of Conflict: Protracted, Gray Zone, Ambiguous, and Hybrid Modes of War," *Index of US Military Strength* 26 (May 2016), accessed January 23, 2017, <http://index.heritage.org/military/2016/assessments/us-military-power>.

¹²⁷ Pew Research Center, "War and Sacrifice in the Post-9/11 Era."

¹²⁸ See, Shannon J. Johnson et al., "Psychological Needs of US Military," 10; Shanea J. Watkins and James Sherk, *Who Serves in the US Military?: Demographic Characteristics of Enlisted Troops and Officers* (Washington, DC: Heritage Foundation, 2010), 1-6.

¹²⁹ Alexandra Levit and Sanja Licina, *How the Recession Shaped Millennial and Hiring Manager Attitudes about Millennials' Future Careers* (New York: DeVry University, 2011), 3-8.

at least a four-year college education, far greater than the rate in the civilian population.¹³⁰

The composition of the US military today mostly consists of non-disadvantaged families with diverse backgrounds. Based on the median household income of service members' hometown, another study found that 7 percent of service members originate from the poorest zip codes and 7 percent from the wealthiest.¹³¹ On average, most service members originate from the middle class, whose parents "earn between \$64K and \$217K per year."¹³² Further research examining potential economic links to suicide found that the rates of suicide among white middle-class men and women have risen significantly.¹³³ The health of the middle class, is of particular concern for the DOD's future readiness since a preponderance of the All-Volunteer Force (AVF) is from white middle-class families.

In 2013, Rosa Brooks, a law professor at Georgetown University who served as a counselor to the DOD undersecretary for policy from 2009 to 2011, led a notable study asserting that today's military is distinctly middle class. She further stated that entry requirements render many of the poorest young Americans ineligible for service.¹³⁴ Brooks found that the poorest Americans are less likely to finish high school and suffer from ill health, obesity, and multiple

¹³⁰ Watkins and Sherk, *Who Serves*, 1-6.

¹³¹ National Priorities Project, "Military Recruitment 2010," June 30, 2011, accessed August 1, 2016, www.nationalpriorities.org/analysis/2011/military-recruitment-2010.

¹³² See, Christina Theokas, "Shut Out of the Military: Today's High School Education Doesn't Mean You're Ready for Today's Army," *Education Trust*, September 2010, accessed July 19, 2016, http://mldc.whs.mil/download/documents/Readings/ASVAB_4.pdf; Jerald G. Bachman et al., "Who Chooses Military Service?: Correlates of Propensity and Enlistment in the US Armed Forces," *Military Psychology* 12, no. 1 (2000): 2-21.

¹³³ Karen M. Eaton et al., "Strengthening the Validity of Population-Based Suicide Rate Comparisons: An Illustration Using US Military and Civilian Data," *Suicide and Life-Threatening Behavior* 36, no. 2 (2006): 182-91.

¹³⁴ Rosa Brooks, "Uncle Sam Wants Who? The Real Reasons People Join the Military," *Foreign Policy*, July 31, 2013, accessed July 2016, <http://foreignpolicy.com/2013/07/uncle-sam-wants-who>.

encounters within the criminal justice system, which disqualify them for military service.¹³⁵

Nevertheless, Americans between the age range of twenty-one and thirty-five years old may be more pragmatic about professional advancement than popular opinion suggests.¹³⁶

A study conducted by the DeVry University State Council of Higher Education found that 30 percent of Millennials ranked meaningful work as the top factor that determines career success, with 71 percent of respondents ranking it within the top three.¹³⁷ The study also found that respondents are willing to make less money and work longer and nontraditional hours, as long as their work was valued as meaningful.¹³⁸

For many serving today, the demands of combat have required the entirety of their adult lives to focus on preparing, executing, and recovering from combat operations. To put this into context, consider that a twenty-two year-old service member in 2001 is now thirty-eight. A three year-old daughter or son is now in college at the age of nineteen. On the surface, causes related to service member screening practices and resilience may serve as viable explanations for the current rate of service member suicide. However, evidence suggests that there are many more dimensions to this problem. The institutional challenge for the DOD is to understand the relationships and interdependencies among service members, the environment, and the readiness of a volunteer military.

¹³⁵ Ibid.

¹³⁶ Levit and Licina, *How Recession Shaped Millennials*, 3-8.

¹³⁷ Ibid., 13.

¹³⁸ Ibid., 14-16.

The Military Organization: The All-Volunteer Force

The democratic systems and institutions essential to US national security depend upon an expeditionary Joint Force capable of ensuring the common defense.¹³⁹ To meet national security requirements, the US military employs an AVF. The AVF stands in stark contrast to the drafted military of World War II, which benefited from the full weight of the nation's people and resources because of a declaration of war.

One year before the US declaration of war on Japan and entry into WWII, President Franklin D. Roosevelt signed the Selective Training and Service Act of 1940.¹⁴⁰ The signing marked the first peacetime draft in US history.¹⁴¹ To manage public perception, the act limited service obligation periods to twelve months and the number of men training at any one time to 900,000.¹⁴² The act remained in effect until the end of the war, expiring in 1946, but not before drafting over eleven million.¹⁴³

During the four years of direct US involvement in World War II, the average duration of military service lasted roughly thirty-three months. Seventy-three percent of World War II service members performed at least one deployment for an average of 16.2 months.¹⁴⁴ Of the 17.9 million who served during World War II, 11.6 million (61.2 percent) enrolled through the draft and the

¹³⁹ Francis Domingo, *Threat to National Security* (Manila, PH: De La Salle University, 2006), 1-3.

¹⁴⁰ "Background of Selective Service," *The Selective Service System*, accessed November 18, 2016, www.sss.gov/About/History-And-Records/Background-Of-Selective-Service.

¹⁴¹ Herber Holbrook, "The Crisis Years: 1940-1941," *The Pacific Ship and Shore Historical Review* 1, no. 3 (July 2001): 2-5.

¹⁴² Lee B. Kennett, *GI: The American Soldier in World War II* (New York: Scribner, 1987), 1-9.

¹⁴³ "Background of Selective Service."

¹⁴⁴ National World War II Museum, "By the Numbers: The US Military," accessed October 1, 2016, www.nationalww2museum.org/learn/education/for-students/ww2-history/ww2-by-the-numbers/us-military.html.

remaining 6.3 million volunteered.¹⁴⁵ Figure 5 shows that from approximately 1939 to 1945, 17.9 million of the US population of 130 million served in the military. At the time, volunteers accounted for 5 percent of the population and almost 40 percent of the total force.¹⁴⁶

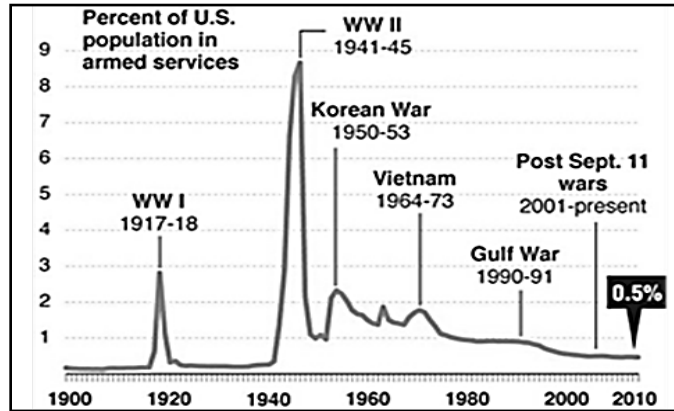


Figure 5. US Military Participation. Molly Cleaver and David R. Segal, “After Conscription: The United States and the All-Volunteer Force,” *Sicherheit und Frieden / Security and Peace* 30, no. 1 (2012): 11.

Today the military is much smaller, and declarations of war have given way to Authorizations to Use Military Force (AUMF).¹⁴⁷ Over the past two administrations, fiscal constraints have required military leaders to enact mandatory troop reductions.¹⁴⁸ The impacts of these reductions extend beyond readiness and troop strength. A continuation of the service member suicide crisis and ongoing operations in Iraq and Afghanistan amplify the impacts. The potential consequences of these decisions may resemble “the hollow force moniker” of the 1970s and 1990s.¹⁴⁹

¹⁴⁵ National World War II Museum, “By the Numbers.”

¹⁴⁶ Ibid.

¹⁴⁷ “Official Declarations of War,” *US Senate*, last modified June 2016, accessed November 17, 2016, www.senate.gov/pagelayout/history/WarDeclarationsbyCongress.

¹⁴⁸ “United in Remembrance, Divided over Policies,” September 1, 2011, accessed November 18, 2016, *Pew Research Center*, <http://people-press.org/2011/09/01/united-in-remembrance-divided-over-policies>.

¹⁴⁹ Sandra Erwin, “Cries of ‘Hollow Military’ Stifle Rational Debate on Future Spending,” *National Defense* 95, no. 691 (June 2011): 7-13.

The term “hollow force” originates from the impact of similar policies during two previous post-war periods.¹⁵⁰ During both eras, the decision to reduce defense spending and overall troop strength prompted a dramatic decline in readiness. In a 2011 lecture at the American Enterprise Institute, former SECDEF Robert Gates stated that a hollowing of the force comes about from a lack of proper training, maintenance, equipment, and manpower.¹⁵¹ Under Secretary Gate’s premise, a hollow force could stem from events within the military—such as service member suicide—and not just fiscal restraints imposed by Congress. The perception that civilian and military leaders are at odds regarding defense finances, and therefore the welfare of service members, may contribute to service members presenting suicidal ideation and behavior.¹⁵²

As of January 2017, the DOD had 1,292,519 active service members, over a 5 percent reduction from the size of the military in 2000.¹⁵³ However, the total number of DOD personnel hovers near 3.5 million and holds a significantly greater number of officers and civilians than previous years.¹⁵⁴ Figure 6 shows the changing demographic of officers to enlisted service

¹⁵⁰ The first hollowing of the force occurred after the Vietnam War because of political and economic factors. The second hollowing period took place in the second half of the 1990s after the highly successful Persian Gulf War. Seymour M. Hersh, “Overwhelming Force: What Happened in the Final Days of the Gulf War?” *New Yorker*, May 20, 2000; Jondrow Robinson Jr., *Avoiding a Hollow Force: An Examination of Navy Readiness* (Alexandria, VA: Center for Naval Analyses, April 1996), 2. Arguably, another hollowing of the force occurred in the wake of World War II as seen in the results of Task Force Smith during the onset of the Korean conflict. T. R. Fehrenbach, *This Kind of War: A Study in Unpreparedness* (New York: Macmillan, 1963), 96-108.

¹⁵¹ Robert Gates, “Secretary of Defense Remarks on Defense Spending” (lecture, American Enterprise Institute, Washington, DC, May 24, 2011), accessed May 1, 2017, <http://archive.defense.gov/Speeches/Speech.aspx?SpeechID=1570>.

¹⁵² Thomas E. Joiner et al., “Four Studies on How Past and Current Suicidality Relate Even When Everything but the Kitchen Sink is Covaried,” *Journal of Abnormal Psychology* 114, no. 2 (May 2005): 291-303.

¹⁵³ US DOD, *2015 Demographics Profile of the Military Community* (Washington, DC: Office of the Deputy Assistant Secretary of Defense-Personnel and Readiness, 2015), 6-16.

¹⁵⁴ US DOD, “Total US Military Personnel: Reports,” DMDC, accessed January 31, 2017, https://www.dm dc.osd.mil/appj/tot/tot_reports.jsp.

members from 2000 to 2015. Within a military hierarchy, the growing parity may limit cohesion and a sense of camaraderie as found during World War II.

Service Branch	2000	2005	2010	2011	2012	2013	2014	2015
Amy	5.2 to 1	5.0 to 1	5.0 to 1	4.8 to 1	4.5 to 1	4.3 to 1	4.2 to 1	4.1 to 1
Navy	5.9 to 1	5.8 to 1	5.1 to 1	5.0 to 1	4.9 to 1	4.9 to 1	4.9 to 1	5.0 to 1
Marine Corps	8.7 to 1	8.6 to 1	8.5 to 1	8.2 to 1	8.1 to 1	8.2 to 1	8.0 to 1	7.9 to 1
Air Force	4.1 to 1	3.8 to 1	4.0 to 1	4.0 to 1	4.1 to 1	4.0 to 1	4.0 to 1	4.0 to 1
Enlisted	1,153,575	1,147,407	1,182,657	1,173,322	1,149,167	1,131,465	1,090,939	1,070,653
Officers	217,103	226,127	234,713	238,103	238,861	238,864	235,334	230,790
Total	1,370,678	1,373,534	1,417,370	1,411,425	1,388,028	1,370,329	1,326,273	1,301,443

Figure 6. Ratio of Active Duty Enlisted Members to Officers by Service Branch Trends: 2000-2015. US DOD, *2015 Demographics Profile of the Military Community* (Washington, DC: Office of the Under Secretary of Defense Personnel and Readiness, 2015), 16.

At the height of World War II, there was one officer for every 11.3 enlisted service members.¹⁵⁵ Among today's 1.3 million active duty service members, there is a 1:4.6 ratio of officers (230,790) to enlisted (1,070,653).¹⁵⁶ The general assumption behind this model is that the military can get smaller without losing institutional level leaders and experience. However, this approach contributes to the DOD's increasing costs and may in fact negatively influence total force numbers and readiness.¹⁵⁷

Despite the increase in officers, the military's operational tempo may contribute to the current rate of suicide as well as readiness by reducing the quality of engagement between service members and their leaders. The top-heavy model may offer a sense of preparedness, but it

¹⁵⁵ US DOD, "Worldwide US Military Personnel: Historical Reports-Military," DMDC, accessed December 16, 2016, www.dmdc.osd.mil/appj/dwp/dwp_reports.jsp.

¹⁵⁶ US DOD, *2015 Demographics Profile of the Military Community*, 6-13.

¹⁵⁷ US Government Accountability Office, "DOD Needs to Update General and Flag Officer Requirements and Improve Availability of Associated Costs," GAO-14-745, September 2014, 3-9.

presents obstacles for service members to achieve a balance between self-determination and self-surrender, or what Andras Angyal originally termed autonomy and homonymy.¹⁵⁸

To avoid an unintentional revival of hollowing practices, the service secretaries and service chiefs have emphasized the need for operational level leaders to focus their efforts on resiliency and readiness.¹⁵⁹ As the most senior members of the military services, the Joint Chiefs act as the uniformed agent for their specific service Secretary. Outlined in Title 10 of US Code § 155, the responsibilities and legal requirements of the Joint Staff are to ensure the efficiency, preparedness, and planning needed to conduct joint military operations.¹⁶⁰ Each of these mandates suffers collateral damage from service member suicide and may cause the military to focus resources, time, and finances not on readiness, but internal issues.

Readiness is the single most important requirement for the military because the origination of the next major conflict or threat is rarely foreknown. The DOD defines readiness as “the ability of military forces to fight and meet the demands of their assigned missions.”¹⁶¹ Of conceivably equal significance is how the DOD defines recovery and reconstitution, which in a broad sense, is the practice of achieving readiness. As defined, recovery and reconstitution are the “actions taken by a military force during or after operational employment to restore its combat capability to full operational readiness.”¹⁶² Given the scope, scale, and variety of US military

¹⁵⁸ Angyal et al., *Neurosis and Treatment: A Holistic Theory* (New York: John Wiley and Sons, 1965), 8-22; Andras Angyal, “A Theoretical Model for Personality Studies,” *Journal of Personality* 20, no. 1 (September 1961): 131-42.

¹⁵⁹ See, for example, Garamone, “Dunford Message Joint Force”; Battaglia, “Readiness and Resiliency,” 4-5.

¹⁶⁰ “Joint Staff” Public Law 114-328, div. A, 130 Stat. 2344, US Code 10 (December 23, 2016), § 155 et seq.

¹⁶¹ Joint Publication (JP) 1-02, *Department of Defense Dictionary of Military and Associated Terms* (Washington, DC: Government Printing Office, 2016), 198.

¹⁶² Ibid.

operations since the start of the 21st century, this is not a simple task. The successful execution or implementation of national security hinges upon the military's readiness and requires the outputs of dedicated humans.¹⁶³

During World War II, sociologist Samuel Stouffer surveyed nearly one million service members to determine the climate among service members, commanders, and society.¹⁶⁴ Gen. George C. Marshall praised Stouffer's work as "the first quantitative studies of the impact of war on the mental and emotional life of soldiers."¹⁶⁵ Stouffer concluded that a reciprocal relationship between individuals, society, and the organization to which individuals belong has direct implications for how each behaves.¹⁶⁶ The decision to declare war during World War II brought with it the weight of an entire nation's resources. Under Stouffer's theory, this may have enabled the positive sentiments and reciprocal efforts characteristic of the period.

Today national security and the service members responsible for the prosecution of war are much different. The projected health of America's youth, a decline in birth rates, and the association of suicide with military service make service member suicides even more disconcerting. The escalation of these conditions might suggest a general sense of apathy and a growing disconnect between service members and the society it protects. Unlike the drafted military of World War II, today's military depends on the recruitment and retention of willing and able Americans.

¹⁶³ US Joint Staff, "The National Military Strategy of the United States of America" (Washington, DC: Government Printing Office, 2015), 1.

¹⁶⁴ Libby Schweber, "Wartime Research and the Quantification of American Sociology," *Revue d'Histoire des Sciences Humaines* 1, no. 6 (2002): 65-94.

¹⁶⁵ Joseph W. Ryan, "Samuel A. Stouffer and the American Soldier," *Journal of Historical Biography* 7 (Spring 2010): 113.

¹⁶⁶ *Ibid.*, 100-37.

Societal Influences

Across the military services, specifically within the Army, suicide has inflicted excessive losses.¹⁶⁷ In conjunction with financial and human costs, social and psychological effects also have serious implications for the Joint Chiefs and DOD writ large. Stemming from the increasingly regular occurrence of suicide, a broad association of military service with suicide has become common. This stigma negatively influences public perceptions and deteriorates service member morale, recruitment efforts, and readiness.¹⁶⁸ The DOD's analytical methods emphasize the individual subject as the primary mechanism to identify a root cause. Although well intended, suicide in the US military has shown an insouciance to the growing number and costs associated with these types of mitigation measures.¹⁶⁹

A 2007 study conducted by the Congressional Budget Office found that the success of the US military is directly relational to the military's ability to recruit and retain intelligent, capable individuals at required levels.¹⁷⁰ The military might not enjoy the type of broad participation seen during World War II, but the American public still overwhelmingly supports the US military and service members.¹⁷¹ Collections of Gallup polls ranging from 1973 to 2016 indicate that most Americans maintain a high level of confidence in the US military.¹⁷² Of those surveyed in June

¹⁶⁷ HQDA, *Generating Health and Discipline*, 51.

¹⁶⁸ Anna Mulrine, "Study of US Troops in Wartime: Morale Dроops and Acute Stress Rises," *Christian Science Monitor*, May 19, 2011, accessed July 19, 2016, www.csmonitor.com/USA/Military/2011/0519/Study-of-US-troops-in-wartime-Morale-droops-and-acute-stress-rises.

¹⁶⁹ "Defense Center of Excellence for Psychological Health and Traumatic Brain Injury," accessed September 26, 2016, <http://www.dcoe.health.mil/Links.aspx#5>.

¹⁷⁰ CBO, *All-Volunteer Military Performance*, viii.

¹⁷¹ "Gallup Poll: National Defense, 2014," *Gallup* accessed November 19, 2016, <http://www.gallup.com/poll/1666/military-national-defense.aspx>.

¹⁷² For example, see Lydia Saad, "Gallup Vault: Post-WWII Support for Peacetime Strength," *Gallup*, October 27, 2016, accessed November 19, 2016, <http://www.gallup.com/vault/196817/gallup-vault-post-wwii-support-peacetime-strength.aspx>; and "Gallup National Defense 2014."

2016, 73 percent versus 58 percent from the May 1973 survey espoused a great deal of confidence in the military.¹⁷³ However, the growth in confidence may be the result of fewer and fewer Americans serving in the military.

In 2014, an analysis by the US Army Surgeon General indicated a shrinking demographic of young Americans that are willing and able to serve. Less than one in four, or almost 75 percent of Americans between the ages of seventeen and twenty-four years old are not eligible for military service today.¹⁷⁴ The Surgeon General and the Office of the Under Secretary of Defense estimate that the number of qualified military available (QMA) is declining rapidly.¹⁷⁵ The QMA is an estimate of qualified individuals within the seventeen to twenty-four year-old demographic. To qualify for military service, an individual must not need a waiver and be available to enlist in the active component. As of 2016, data collected showed that 31 percent of this demographic disqualify for more than one reason and that more women than men are available and eligible to serve.¹⁷⁶

In 2013, former CJCS Gen. Martin Dempsey wrote an editorial to the *Washington Post*, stating:

The last decade of war has affected the relationship between our society and the military. As a nation, we have learned to separate the warrior from the war. However, we still have much to learn about how to connect the warrior to the citizen. We cannot allow a sense of separation to grow between us.¹⁷⁷

¹⁷³ “Gallup National Defense 2014.”

¹⁷⁴ Horoho, “Our Health, Our Future,” 6-10.

¹⁷⁵ Lewin Group, *Qualified Military Available (QMA) Final Technical Report* (Washington, DC: Lewin Group, 2013).

¹⁷⁶ Ibid.

¹⁷⁷ Martin Dempsey, “The Military Needs to Reach out to Civilians,” *Washington Post*, July 3, 2013, accessed January 10, 2017, www.washingtonpost.com/opinion/general-dempsey-the-military-needs-to-reach-out-to-civilians/2013/07/02/story.html.

Should a separation emerge between the government, the military, and the American people, it will be a critical factor for how the DOD addresses service member suicides. Many studies, including those of leading military suicide expert Thomas Joiner, have found that social isolation or disassociation is one of the strongest and most reliable predictors of suicidal ideation, attempts, and lethal suicidal behavior.¹⁷⁸ Joiner and other's state, "the interpersonal theory diverges from previous theories in its proposal that an unmet 'need to belong' is the specific interpersonal need involved in desire for suicide."¹⁷⁹

Similar findings from the DSPO suggest that financial issues are a leading indicator of those at risk of suicidal behavior. The rise in income disparity in the United States over the past two decades might classify as a multifaceted issue. Studies show that financial issues appear to be a leading factor that contributes to suicidal behavior.¹⁸⁰ In the 2012 US census, six of the top ten wealthiest counties in the United States were concentrated in the Washington metropolitan area, yet the median income of US families has declined.¹⁸¹

The director of the Institute for Veterans and Military Families at Syracuse University, Dr. Mike Haynie, argues, "We have disconnected the consequences of war from the American public...those putting on the uniform are much less likely to be your son or daughter, or even

¹⁷⁸ Thomas E. Joiner, *Why People Die by Suicide* (Cambridge, MA: Harvard University Press, 2006).

¹⁷⁹ Thomas E. Joiner, K. A. Van Orden, T. K. Witte, E. A. Selby, J. Ribeiro, R. Lewis, and M. D. Rudd, "Main Predictions of the Interpersonal-Psychological Theory of Suicidal Behavior: Empirical Tests in Two Samples of Young Adults," *Journal of Abnormal Psychology* 118 (2009): 634-46.

¹⁸⁰ L. C. Hawkey et al., "From Social Structural Factors to Perceptions of Relationship Quality and Loneliness: The Chicago Health, Aging, and Social Relations Study," *Journals of Gerontology: Series B, Psychological Sciences and Social Sciences* 63, no. 6 (November 2008): S375-84.

¹⁸¹ US Census Bureau, *Statistical Abstract of the United States: 2012*, 131st edition (Washington, DC: Government Printing Office, 2011).

your neighbor or classmate. That is a dangerous place to be.”¹⁸² Haynie further contends that almost 80 percent of service members today come from multigenerational military families.¹⁸³ Service member suicide could have exponential implications for future generations as it stands to reduce the number of children born to veterans and the stability of service member children.

Problem Restatement

In 2002, Vice President Richard Cheney stated, “The single most important asset we have is the man or woman who puts on the uniform of this great nation.”¹⁸⁴ Yet the DOD continues to lose one active service member every day. To better approach problems of this nature, the ADM suggests, “Turn the problem on its head by stating it in an opposite manner. This provides a different perspective...to broaden the focus.”¹⁸⁵ The current paradigm applied by the DOD identifies the individual subject as the primary causal component and proximal solution of service member suicide.¹⁸⁶ Rendering the individual the focal point of service member suicide may exacerbate individual disconnectedness and prevent the evaluation of other causes within the system. In turn, service member suicide creates a glaring challenge for the military’s recruitment, retention, and readiness efforts.

The dramatic increase in service member suicide is a problem onto itself, but it is more precisely a symptom of broader issues that stem from what former SECDEFs Leon Panetta and

¹⁸² Michael Haynie, “Where Did You Serve? Veteran Identity, Representative Bureaucracy and Vocational Rehabilitation,” *Journal of Public Administration Research and Theory* 23, no. 2 (April 2013): 267-88.

¹⁸³ See, US DOD, *Demographics Profile Military Community*, 6-13; and Lewin Group, *Qualified Military Available*.

¹⁸⁴ Congressional Record Proceedings and Debates of the 107th Congress, 107th Cong., 2d sess., S. Rep., v. 148, pt. 14, 18954–55.

¹⁸⁵ ATP 5-0.1, 4-5.

¹⁸⁶ Franklin, “DODSER 2016 4th Quarter,” 4-6.

Robert Gates called the dysfunction of Washington.¹⁸⁷ Gates elaborated on these sentiments on several occasions, stating:

If we can't get some of our problems solved here at home, if we can't get our finances in a more ordered fashion, if we can't begin to tackle some of the internal issues that we have, if we can't get some compromises that move the country forward, then I think these foreign threats recede significantly, as far as being a risk to the well-being and the future of this country.¹⁸⁸

Despite the acknowledgment of this dysfunction and the above burdens endured by a volunteer military, "very few military or civilian leaders have called for a change to the current way of staffing or employing the military."¹⁸⁹ As a result, the conditions necessary for the current rate of service member suicide remain unchanged. Service member suicide is not an individual problem. Service member suicide is the manifestation of the environment in which the crisis exists. It is an institutional crisis.

Conclusion: An Operational Approach for the Road Ahead

Joseph Nye, a preeminent scholar on national power, argues that the accumulation of means and the ability to influence outcomes are the two critical components of power. The latter of the two components, Nye insists, stands as the most viable measuring stick of power.¹⁹⁰ Under this banner, service member suicide renders substantial setbacks to the DOD's ability to sustain an AVF with the desired levels of readiness.

¹⁸⁷ Richard Sisk, "Panetta to New Defense Secretary: Largest Challenge Is DC Dysfunction," February 15, 2015, accessed March 7, 2017, <http://www.military.com/daily-news/2015/02/15/panetta-to-defense-secretary-largest-challenge-is-dc-dysfunction.html>.

¹⁸⁸ See, Cameron Joseph, "Government Dysfunction Biggest Threat to US?" *The Hill*, May 11, 2014, accessed March 1, 2017, www.thehill.com/blogs/blog-briefing-room/205797-gates-biggest-threat-to-america-is-government.

¹⁸⁹ Matthew W. Ivey, "The Broken Promises of an All-Volunteer Military," *Temple Law Review*, no. 86 (2014): 525-48.

¹⁹⁰ Joseph Nye, *The Future of Power* (New York: Public Affairs, 2011), 10.

Perhaps the more critical component to Nye's theory is the ability to influence outcomes. ATP 5-0.1 defines influence as the "means to alter the opinions and attitudes of a civilian population...Influence requires legitimacy."¹⁹¹ Army Doctrine Publication (ADP) 6-22, *Army Leadership*, defines leadership as "the process of influencing people by providing purpose, direction, and motivation while operating to accomplish the mission and improve the organization."¹⁹² The persistence and volume of suicide over two decades offers sound evidence in support of claims of an ongoing degradation of policymakers to influence outcomes.

While the current administration seeks to reverse the downward trend in readiness, it will not happen easily. The creation of a larger active duty force might bolster operational readiness and lessen the burden on those serving currently, but these initiatives come with associated costs.¹⁹³ Many of the root causes of the military's readiness gap stem from the convergence of lesser known societal conditions, fiscal uncertainties, and service member suicide. The immediate and future impact of service member suicide on the military's readiness deserves further consideration.

The complex nature of service member suicide will never be static long enough to develop a perfect solution. Each service member suicide event occurs under conditions that are both similar and different from the last. Continuing to operate under the existing framework is insufficient as any adaptation of the approach rests on a protracted collection of evolving data. A design methodology may simplify the challenge of conducting data collection to occur concurrently with institutional learning. Such an approach may enable reflexive adjustments

¹⁹¹ ATP 5-0.1, 5-5.

¹⁹² ADP 6-22, *Army Leadership* (Washington, DC: Government Printing Office, 2015), 1-2.

¹⁹³ For example, see Derek L. Braddon and Keith Hartley, eds., *Handbook on the Economics of Conflict* (Cheltenham, UK: Edward Elgar, 2011), 1-3.

based on the evolving nature of what is known now. In short, as the character of this phenomenon changes, better options will emerge.

When applying design and systems thinking to this problem, additional factors and solutions that extend beyond the individual service member emerge. The current outlook on readiness and service member suicide may benefit from a more comprehensive view of the environment in which it exists. In *Design: Tools of the Trade*, Dr. Jack Kem stresses the utility of design. As he explains, “There are a number of reasons to apply Design—the most glaring being the tendency to fight the wrong problem.”¹⁹⁴ At a minimum, the DOD may benefit from determining an operational approach that outlines the desired conditions relative to service member suicide.

The associate director of the Harvard University Injury Control Research Center, Dr. Matthew Miller, cites two ways to reduce suicide: make it harder to die in an attempt or address underlying stressors.¹⁹⁵ The DOD’s current approach seeks to build a more resilient and adaptable force. This approach, however well intended, does not address underlying environmental stressors. The merging of service member suicide and other societal factors leave many of the potential solutions as likely to create barriers between the American people, the DOD, and civilian leaders.

Recently, Senator John McCain and others have emphasized the need for reforms to the selective service process. In absence of these reforms, McCain has proposed legislation that will grant the president authority to determine “how best to employ individuals with civilian skills and

¹⁹⁴ Jack D. Kem, *Design Tools of the Trade* (Fort Leavenworth, KS: Command and General Staff College, 2009), 63.

¹⁹⁵ Donna Montgomery, “Experts: Restricting Troops’ Access to Firearms Is Necessary to Reduce Rate of Suicide,” *Stars and Stripes*, December 3, 2013, accessed July 19, 2016, <http://www.stripes.com/news/experts-restricting-troops-access-to-firearms-is-necessary-to-reduce-rate-of-suicides-1.199216>.

abilities for the military, national, or public service.”¹⁹⁶ If these proposals are any indication of a potential solution to the DOD’s readiness issues, then it may serve the American citizenry and military leaders well to heed General Dempsey’s advice and connect the warrior to the citizen.

¹⁹⁶ “National Defense Authorization Act for Fiscal Year 2017” Public Law 114-328, div. A, Stat. 2943, US Code 10, Title v., Military Personnel Policy, Subtitle F-National Commission on Military, National, and Public Service, (December 23, 2016), § 551-57 et seq.

Appendix 1: Emile Durkheim's Sociocultural Theory of Suicide

Altruistic: Altruistic suicide results when an individual believes the act of killing oneself will benefit others. Also known as Seppuku, it is commonly associated with Japanese culture. Altruistic suicides manifest from a sense of failure to society or the irredeemable loss of honor.

Anomic: Anomic suicide arises from a sense that life is pointless. This type of suicide is rare among practicing Catholics and most Christian denominations. This form of suicide arises from an absence of social norms Durkheim calls anomie.

Egoistic: Egoistic suicide results from feelings of self-reproach and sense of failure. It occurs more often among single people than those who are married. Egoistic suicides arise from a lack of social cohesion.

Glossary

Anomie. A state of society in which rules and standards of belief and conduct have weakened or broken down; an analogous condition in an individual, characterized by hopelessness, disorientation, loss of belief, a sense of purpose, and social isolation.

Combat and Operational Stress Behavior. The behavioral reactions resulting from exposure primarily experienced while conducting operations, reflecting the full range of behavior from adaptation to combat and operational stress reaction.

Combat and Operational Stress Reaction. Emotional, intellectual, physical, and/or behavioral reactions of service members who have been exposed to stressful events in combat or steady state operations.

Comorbidity. The simultaneous presence of two chronic diseases or conditions in a patient.

Post-traumatic Stress. A variety of anxiety-related symptoms that start with a particular traumatic event and then continue for a long time after the event.

Prevention. A continuum of awareness, intervention, and postvention. All efforts that surround building resiliency, reducing stigma, building awareness, and strategic communication.

Self-harm. A self-inflicted, potentially injurious behavior for which there is evidence (either explicit or implicit) that the person did not intend to kill himself or herself (that is, had no intent to die). Persons engage in self-harm behaviors when they wish to use the appearance of intending to kill themselves in order to attain some other end (for example, to seek help, punish others, to receive attention, or to regulate negative mood).

Stress. The psychological and physiological response to overtaxing changes; results in responses such as anxiety, depression, and elevated physiological arousal.

Stressor. Any event or situation that requires a non-routine change in adaptation or behavior. It may pose a challenge to an individual's well-being or self-esteem.

Suicide Attempt. A self-inflicted, potentially injurious behavior with a nonfatal outcome for which there is evidence (either explicit or implicit) of intent to die. A suicide attempt may or may not result in injury. Therefore, this category includes behaviors where there is evidence that the individual intended to die, but the event resulted in no injuries.

Suicidal Ideation. Thoughts about how to kill oneself, which can range from a detailed plan to a fleeting consideration and does not include the final act of killing oneself.

Suicide. The act of killing oneself deliberately.

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